

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

FILING DATE

101598,144

APPLICANT/IN

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1	2				53						
4		1	1				54						
5		1	1				55						
6		1	1				56						
7		1	1				57						
8		1	1				58						
9		1	1				59						
10		1	1				60						
11		1	1				61						
12		1	1				62						
13		1	1				63						
14		1	1				64						
15	1	1					65						
16	1						66						
17	1						67						
18	1						68						
19	1						69						
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39							89						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	13						TOTAL DEP.						
TOTAL CLAIMS	14						TOTAL CLAIMS						